



न हि ज्ञानेन सदृशं पवित्रमिह विद्यते

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**Ghani Khan Choudhury Institute of Engineering and Technology**  
(A Centrally Funded Technical Institute under Ministry of Education, Govt. of India.)  
Narayanpur, Dist: Malda, Pin- 732141, West Bengal

Memo No: GKCIET/13239

Date: 8/11/24

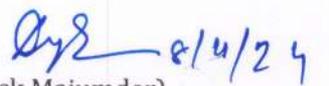
**CIRCULAR**

The undersigned is directed to inform all the employees of this institute that henceforth the following procedures must be followed for availing different kinds of leave admissible to the employees of GKCIET, Malda:

1. CL/RH/EL/Commutated Leave / HPL / Child care Leave /Paternity Leave /Maternity Leave / Compensatory off and other leave (if any) must be applied in the prescribed format through the concerned HoD/HoS as early as possible before proceeding on leave.
2. In case the leave of absence of any employee requires going out of Headquarter, permission must be taken applied for before leaving station in the prescribed format.
3. Leave sanctioning authority for CL/RH/Compensatory Off is the HoD/HoS of the concerned department/section. However, if leave of absence from Headquarter is required in such a case, he/she must take station leave permission by applying in the prescribed format before leaving the Headquarter.
4. Concerned HoDs/HoS' will have to maintain the leave records and send information to Admin & Establishment Section and Director Office.
5. In case of the Compensatory Off, a record of duty against which the Compensatory Off was granted should be maintained justify the public interest of the additional duty. The Compensatory Off should be allowed within one month.
6. Leave sanctioning authority for all other kinds of leave including Duty Leave and Special Casual leave is the Director.
7. Record of all kinds of leave will also be maintained centrally at Admin & Establishment Section.

This supersedes all other earlier orders on this matter.

**Encl.** all leave formats

  
(Debanick Majumder)  
Assistant Registrar (A&E)

**Copy to:**

1. All Employees - through their official e-mail
2. All Deans/ HoD's/ HoS' - for compliance.
3. System Manager - for uploading the same in the institute website
4. Dy. Registrar - - for kind information please.
5. Registrar - for kind information please.
6. Director - for kind information please
7. File copy



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**Application for Casual Leave/Restricted Holiday/Compensatory Off**

1. Name of Applicant :.....
2. Post held :.....
3. Department, office and Section :.....
4. Number of days leave applied/sanctioned earlier :.....
5. Number of applied leave in credit :.....
6. Number of days applied leave required :.....
7. Grounds on which leave is applied for :.....
8. Contact Details / Mobile No :.....
9. Alternative arrangement for duties during  
during the period of absence :.....
10. Whether station leave required (Yes/No) :.....  
If yes, out station address

.....  
Signature of Applicant (with date)

Remarks / Recommendation of the Controlling Officer

.....  
Signature of the Controlling Officer (with date)

**Approved/not approved**

.....  
Signature of the approving authority (with date)

Designation



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THE SECOND SCHEDULE (SEE RULE 3 H)  
FORM- 1 (See Rule-14)

Application for EL/Commuted Leave/HPL/LND/EOL/Paternity Leave/Maternity Leave/Child Care Leave/SCL or for Extension of Leave

1. Name of Applicant :.....
2. Post held :.....
3. Department, office and Section :.....
4. Pay :.....
5. House Rent and other Compensatory Allowances drawn in the present post :.....
6. Nature & Period of Leave applied for and date from which required :.....
7. Sundays & Holidays, if any, proposed to be Prefixed/suffixed to leave :.....
8. Grounds on which leave is applied for :.....
9. Date of return from last leave, and the nature and period of that leave :.....
10. I propose / do not propose to avail myself of Leave Travel Concession for the block years ..... during the ensuing leave :.....
11. Contact Details / Mobile No :.....
12. Alternative arrangement for duties during the Period of absence :.....
13. Whether Station Leave required (Yes/No) :.....  
If yes, out station address :.....

Date: .....

.....  
Signature of Applicant (with date)

Remarks / Recommendation of the Controlling Officer

.....  
Signature of the Controlling Officer (with date)

**FOR OFFICE USE ONLY**

Certified that ..... (nature of leave) for ..... (period) from ..... to ..... is admissible under Rule ..... of the Central Civil Services (Leave) Rules, 1972.

Signature (with date)

Designation

Orders of the competent authority to grant leave

Signature (with date)

Designation



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**APPLICATION FOR STATION LEAVE**

1. Name & Designation : .....
2. Department / Section : .....
3. Types of leave already approved (Nos. of days) and please attach a copy of Sanction letter and mention sanctioned number and date. : .....
4. Station Leave required:-
  - (i) Date & Time of departure from Station / HQ : .....
  - (ii) Date & Time of arrival to Station / HQ : .....
5. Actual address during absence from Station/HQ : .....  
: .....  
: State- .....  
: Mobile No.....
6. Purpose of Leave : .....
7. a. Alternative arrangements of Teaching assignments : .....  
b. Alternative arrangements of duties during leave of the employee : .....
8. Arrangement made for other institute level responsibilities (such as Dean/Warden / Chief Warden / HoD/HoS/ Chairman-Committee/ Coordinator/ Lab I/c etc. : .....

9. Alternative arrangement for duties during : .....  
during the period of absence

Date: .....

.....  
Signature of applicant

10. Station Leave Recommended / Not Recommended

Date: .....

.....  
Signature of HoD/HoS

-----  
Decision of the Sanctioning Authority: Station Leave – Granted/Not Granted

Date: .....

Signature.....

**C.L/R.H/Compensatory Off Register to be maintained by the HoD/HoS/Controlling Officers of GKCIET, Malda**

Name of the Employee : .....

Designation : .....

Department : .....

For the Year : .....

**CASUAL LEAVE**

S. N.	Date		No. of days applied/availed in .....	Prefix	Suffix	No. of days' balance in year .....	Remarks	Signature of HoD/HoS
	From	To						

**RESTRICTED HOLIDAYS (maximum 2 days in a calendar year)**

S. N.	Date		No. of days applied/availed in .....	Prefix	Suffix	No. of days' balance in year .....	Remarks	Signature of HoD/HoS
	From	To						

**COMPENSATORY OFF**

S. N.	Date on which the additional work is performed	Hours of duty		Date on which Compensatory Off is granted	Date on which the leave is availed
		From	To		



**Form 3**  
[See Rule 19]

**Medical Certificate for grant of leave or extension of leave or Commutation of leave**

Signature or the Government servant.....

I,..... after carefully personal examination of the case hereby

certify that Shri/Shrimati/Kumari.....whose

signature is given above, is suffering from.....and I consider that a period

of absence from duty of.....with effect from.....is

absolutely necessary for the restoration of his/her health.

.....  
Authorized Medical Attendant

Dated: .....

Note 1: Deleted.

Note 2: This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon/Staff Surgeon/Authorized Medical Attendant to decide the question of his/her fitness for service.

Note 3: No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant

**Form 4**  
[See Rule 19]

**Medical Certificate for grant of leave or extension of leave or Commutation of leave**

Signature or the Government servant.....

I,..... after carefully personal examination of the case hereby  
certify that Shri/Shrimati/Kumari.....whose  
signature is given above, is suffering from.....and I consider that a period  
of absence from duty of.....with effect from.....is  
absolutely necessary for the restoration of his/her health.

.....  
Authorized Medical Attendant

Dated: .....

Note 1: The nature and probable duration of the illness should be specified.

Note 2: This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon/Staff Surgeon/Authorized Medical Attendant to decide the question of his/her fitness for service.

Note 3: Should a second medical opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a Medical Officer not below the rank of a Civil Surgeon or Staff Surgeon, who shall express an opinion both as regards the facts of illness and as regards the necessity for the amount of leave recommended and for this purpose he/she may either require the Government servant to appear before himself/herself or before a Medical Officer nominated by himself/herself.

Note 4: No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant

**Form – 5**  
[Rule 24 (3)]

**Medical Certificate of Fitness to Return to Leave**

Signature of the Government Servant .....

We, the members of Medical Board,

We/I Dr. \_\_\_\_\_ Civil Surgeon/Staff Surgeon,  
AMA/RMP do here by certify that We/I have carefully examined Dr. / Sri / Smt. /  
Kumari \_\_\_\_\_ whose signature is given  
above and find that he/she recovered from his/her illness and is now fit to resume  
duties on \_\_\_\_\_ in Government Service. We/I also certify that before  
arriving at this decision, We/I have examined the original medical certificate(s) and  
statement(s) of the case (or certified copies thereof) on which leave was granted or  
extended and have taken these into considerations in arriving at my  
decision/Member of the Medical Board.

Members of the Medical Board

(1).....

(2) .....

(3) .....

Civil Surgeon/Staff Surgeon/  
Authorized Medical Attendant/  
Registered Medical Attendant

Dated:.....

Note: The original medical certificate(s) and statement(s) of the case on which the leave was originally granted shall be produced before the authority required to issue the above certificate. For this purpose, the original medical certificate(s) and statement(s) of the case should be prepared in duplicate, one copy being retained by the Government servant concerned.



**C.L/R.H/Compensatory Off Register to be maintained by the HoD/HoS/Controlling Officers of GKCIET, Malda**

Name of the Employee : .....

Designation : .....

Department : .....

For the Year : .....

**CASUAL LEAVE**

S. N.	Date		No. of days applied/availed in .....	Prefix	Suffix	No. of days' balance in year .....	Remarks	Signature of HoD/HoS
	From	To						

**RESTRICTED HOLIDAYS (maximum 2 days in a calendar year)**

S. N.	Date		No. of days applied/availed in .....	Prefix	Suffix	No. of days' balance in year .....	Remarks	Signature of HoD/HoS
	From	To						

**COMPENSATORY OFF**

S. N.	Date on which the additional work is performed	Hours of duty		Date on which Compensatory Off is granted	Date on which the leave is availed
		From	To		



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4. Pay :.....
5. House Rent and other Compensatory Allowances drawn in the present post :.....
6. Nature & Period of Leave applied for and date from which required :.....
7. Sundays & Holidays, if any, proposed to be Prefixed/suffixed to leave :.....
8. Grounds on which leave is applied for :.....
9. Date of return from last leave, and the nature and period of that leave :.....
10. I propose / do not propose to avail myself of Leave Travel Concession for the block years ..... during the ensuing leave :.....
11. Contact Details / Mobile No :.....
12. Alternative arrangement for duties during the Period of absence :.....
13. Whether Station Leave required (Yes/No) :.....  
If yes, out station address

Date: .....

.....  
Signature of Applicant (with date)

Remarks / Recommendation of the Controlling Officer

.....  
Signature of the Controlling Officer (with date)

**FOR OFFICE USE ONLY**

Certified that ..... (nature of leave) for ..... (period) from ..... to ..... is admissible under Rule ..... of the Central Civil Services (Leave) Rules, 1972.

Signature (with date)

Designation

Orders of the competent authority to grant leave

Signature (with date)

Designation



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5. Number of applied leave in credit :.....
6. Number of days applied leave required :.....
7. Grounds on which leave is applied for :.....
8. Contact Details / Mobile No :.....
9. Alternative arrangement for duties during during the period of absence :.....
10. Whether station leave required (Yes/No) :.....  
If yes, out station address

.....  
Signature of Applicant (with date)

Remarks / Recommendation of the Controlling Officer

.....  
Signature of the Controlling Officer (with date)

**Approved/not approved**

.....  
Signature of the approving authority (with date)

Designation



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**APPLICATION FOR STATION LEAVE**

1. Name & Designation : .....
2. Department / Section : .....
3. Types of leave already approved (Nos. of days) and please attach a copy of Sanction letter and mention sanctioned number and date. : .....
4. Station Leave required:-
  - (i) Date & Time of departure from Station / HQ : .....
  - (ii) Date & Time of arrival to Station / HQ : .....
5. Actual address during absence from Station/HQ : .....  
: .....  
: State- .....  
: Mobile No.....
6. Purpose of Leave : .....
7. a. Alternative arrangements of Teaching assignments : .....
- b. Alternative arrangements of duties during leave of the employee : .....
8. Arrangement made for other institute : .....  
level responsibilities (such as Dean/Warden / Chief Warden / HoD/HoS/ Chairman-Committee/ Coordinator/ Lab I/c etc.
9. Alternative arrangement for duties during :.....  
during the period of absence  
Date: .....

.....  
Signature of applicant

10. Station Leave Recommended / Not Recommended

Date: .....

.....  
Signature of HoD/HoS

-----  
Decision of the Sanctioning Authority: Station Leave – Granted/Not Granted

Date: .....

Signature.....

**Form 3**  
[See Rule 19]

**Medical Certificate for grant of leave or extension of leave or Commutation of leave**

Signature or the Government servant.....

I, .....after carefully personal examination of the case hereby  
certify that Shri/Shrimati/Kumari.....whose  
signature is given above, is suffering from.....and I consider that a period  
of absence from duty of .....with effect from.....is  
absolutely necessary for the restoration of his/her health.

.....  
Authorized Medical Attendant

Dated: .....

Note 1: Deleted.

Note 2: This form should be adhered to as closely as possible and should be filled in after the signature of the Government servant has been taken. The certifying officer is not at liberty to certify that the Government servant requires a change from or to a particular locality or that he is not fit to proceed to a particular locality. Such certificates should only be given at the explicit desire of the administrative authority concerned to whom it is open to decide, when an application on such grounds has been made to him, whether the applicant should go before a Civil Surgeon/Staff Surgeon/Authorized Medical Attendant to decide the question of his/her fitness for service.

Note 3: No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant

**Form 4**  
[See Rule 19]

**Medical Certificate for grant of leave or extension of leave or Commutation of leave**

Signature of the Government servant.....

I, .....after carefully personal examination of the case hereby  
certify that Shri/Shrimati/Kumari.....whose  
signature is given above, is suffering from.....and I consider that a period  
of absence from duty of .....with effect from.....is  
absolutely necessary for the restoration of his/her health.

.....  
Authorized Medical Attendant

Dated: .....

Note 1: The nature and probable duration of the illness should be specified.

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Note 3: Should a second medical opinion be required, the authority competent to grant leave should arrange for the second medical examination to be made at the earliest possible date by a Medical Officer not below the rank of a Civil Surgeon or Staff Surgeon, who shall express an opinion both a regards the facts of illness and as regards the necessity for the amount of leave recommended and for this purpose he/she may either require the Government servant to appear before himself/herself or before a Medical Officer nominated by himself/herself.

Note 4: No recommendation contained in this certificate shall be evidence of a claim to any leave not admissible to the Government servant

**Form – 5**  
[Rule 24 (3)]

**Medical Certificate of Fitness to Return to Leave**

Signature of the Government Servant .....

We, the members of Medical Board,

We/I Dr. \_\_\_\_\_ Civil Surgeon/Staff Surgeon,  
AMA/RMP do here by certify that We/I have carefully examined Dr. / Sri / Smt. /  
Kumari \_\_\_\_\_ whose signature is given  
above and find that he/she recovered from his/her illness and is now fit to resume  
duties on \_\_\_\_\_ in Government Service. We/I also certify that before  
arriving at this decision, We/I have examined the original medical certificate(s) and  
statement(s) of the case (or certified copies thereof) on which leave was granted or  
extended and have taken these into considerations in arriving at my  
decision/Member of the Medical Board.

Members of the Medical Board

(1).....

(2) .....

(3) .....

Civil Surgeon/Staff Surgeon/  
Authorized Medical Attendant/  
Registered Medical Attendant

Dated:.....

Note: The original medical certificate(s) and statement(s) of the case on which the leave was originally granted shall be produced before the authority required to issue the above certificate. For this purpose, the original medical certificate(s) and statement(s) of the case should be prepared in duplicate, one copy being retained by the Government servant concerned.